	PATENT A	APPLICATIO Effect	RD		10:657977								
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN		
TOTAL CLAIMS			15				F	ATE	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BA	SIC FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			/ 5 minus 20=		<u> </u>		,	X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			3 minus 3 =					(42=		OR	X84=		
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT				1	+140=		OR	+280=		
* If the difference in column 1 is less than zero, enter *0" in column 2						T	TOTAL 375		OR	TOTAL	= -		
CLAIMS AS AMENDED - PART II 125-05 (Column 1) (Column 2) (Column 3)							S	MALL	ENTITY	OR	OTHER SMALL		
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUMI PREVIO PAID	BER : DUSLY FOR	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 8	Minus	-2		. —	X\$ 9	35 9=		OR	X\$18=		
	FIRST PRESENTATION OF MI		II TIPLE DEPENDENT		3		X42:			OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM 8-4-05 (Column 1) (Column 2) (Column 3)								140=		OR	+280=		
1 and t. 8-4-05							ADI	TOTAL		OR	TOTAL ADDIT, FEE		
1	Mich			(Colur		(Column 3)							
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 2	Minus	-2	0		×	\$ 9=		OR	X\$18=		
	Independent	NTATION OF MI	Minus	ENDENT	3 CLAIM			(42=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								140=		OR	+280=		
							ADD	TOTAL IT. FEE		OR	TOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)													
AMENDMENT C		REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	•	Minus	**			×	\$ 9=		OR	X\$18=		
	Independent	*	Minus	CNOCAG		-		(42=		OR	X84=		
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							140=		OR	+280=	·	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20." ADDIT SEE										00	TOTAL		
-	The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ADDIT. FEE												

Application or Docket Number